	Cut here and give F	orm W-4 to your employ	er. Keep the to	p part for your re	ecords	
101111	W-4 ment of the Treasury in Revenue Service ► For Privacy Act and Paperwork Reduction Act Notice, see page 2.					OMB No. 1545-0010
1 Type or pr	int your first name and middle initial	Last name			2 Your social	security number
Home address (number and street or rural route)			3 Single Married Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ □			
6 Addition 7 I claim e ■ Last y ■ This ye	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) Additional amount, if any, you want withheld from each paycheck					
Employee's si (Form is not vali unless you sign	d			Date ► 9 Office code		im exempt status.
• Employer	s name and address (Employer, Compi	Cat. No. 10		(optional)	To Employer to	entification number